



PROFESSIONAL STAFF

## NUTRITION ASSESSMENT AND FEEDING GOALS

**Child's Name:**

**Date of Birth:**

**Formula Requested:**

☐ WIC will provide: \_\_\_\_ oz per day for ☐ 1 mo. ☐ 2 mo. ☐ \_\_\_\_\_

**A retrial of WIC contract formula must occur no more than 3 months  
after the special non-contract formula has been provided.**

☐ WIC is unable to provide the requested formula because the medical condition cited does not meet WIC criteria. Please see the assessment below.

**Nutrition Assessment/Feeding Concerns:**

**Feeding Goals:**

**Next WIC Appointment:** ☐ 1 month ☐ 2 months ☐ 3 months, an updated nutrition assessment will be provided

**Education has been provided on:** ☐ Transition to Similac Advance ☐ Feeding Cues ☐ Stooling ☐ Spitting Up

☐ Gassiness/Fussiness ☐ Formula Preparation ☐ Increasing Calories ☐ Texture Issues ☐ Normal Toddler Nutrition

☐ Other:

For WIC use only: FID: \_\_\_\_\_

Date faxed: \_\_\_\_\_

Staff Initials: \_\_\_\_\_